

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90047 029 ****61.25

DOCUMENT # N01000004228

1. Entity Name
SUNCOAST HARMONY CHORUS, INC.



Principal Place of Business
**13626 GLAZE BROOK DR
HUDSON, FL 34667**

Mailing Address
**13626 GLAZE BROOK DR
HUDSON, FL 34667**

40011896



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIDDLE, AMY
13626 GLAZE BROOK DR
HUDSON, FL 34667**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

AMY RIDDLE, DIRECTOR

2/7/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME LAPORTE, CINDY L
STREET ADDRESS 14275 BROOKRIDGE BLVD.
CITY-ST-ZIP BROOKSVILLE, FL 34613

TITLE PD ☒ Change ☐ Addition
NAME MOORE, CATHARINE
STREET ADDRESS 980 MCLEAN ST.
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE VPD ☐ Delete
NAME EISENHARD, RUTH
STREET ADDRESS 7055 CROWN OAKS DR.
CITY-ST-ZIP SPRING HILL, FL 34607

TITLE VPD ☒ Change ☐ Addition
NAME HUNTON, CAROL
STREET ADDRESS 274 E. LANCASTER ST.
CITY-ST-ZIP LECANTO, FL 34461

TITLE CSD ☐ Delete
NAME BROWN, DEB
STREET ADDRESS 6355 SEBRING ST.
CITY-ST-ZIP WEEKI WACHEE, FL 34607

TITLE SD ☒ Change ☐ Addition
NAME KOZLOSKY, GLORIA
STREET ADDRESS 6301 SWAN LANE
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE RSD ☐ Delete
NAME KOSLOSKY, GLORIA
STREET ADDRESS 6301 SWAN LANE
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE TCD ☒ Change ☐ Addition
NAME SPENCE, MARIA
STREET ADDRESS 15 MATRICARIA CT.
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE FMD ☐ Delete
NAME FAGERSTROM, NANCY
STREET ADDRESS 8611 INDIES DR.
CITY-ST-ZIP HUDSON, FL 34667

TITLE CD ☒ Change ☐ Addition
NAME LAPORTE, CINDY
STREET ADDRESS 14275 BROOKRIDGE BLVD.
CITY-ST-ZIP BROOKSVILLE, FL 34613

TITLE D ☐ Delete
NAME TAYLOR, LINDA
STREET ADDRESS 2316 WATERFALL DR.
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE CD ☒ Change ☐ Addition
NAME LEBEAU, SARA
STREET ADDRESS 8744 WOLF DEN TRAIL
CITY-ST-ZIP PORT RICHEY, FL 34668

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Maria B. Spence** MARIA B. SPENCE 2/7/07 352-382-0336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #